

FORM 141



The Commonwealth of Massachusetts

Department of Industrial Accidents

600 Washington Street – 7th Floor, Boston, Massachusetts 02111

Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470

<http://www.mass.gov/dia>

DIA Board #
(If Known):

Please Print or Type

LAST BEST OFFER AT CONFERENCE

This form is for use at conference pursuant to M.G.L. Chapter 152, sec. 10A(2) in cases involving claims for further weekly compensation or complaints for discontinuance or modification of such compensation when the insurer's liability for the employee's industrial injury has already been established.

EMPLOYEE: _____

EMPLOYER: _____

INSURER: _____

DIA BOARD #: _____

Employee's offer for weekly compensation - \$ _____

Brief Description of basis for offer: _____

Submitted by: _____ Date (mm/dd/yyyy): _____

Insurer's offer for weekly compensation - \$ _____

Brief Description of basis for offer: _____

Submitted by: _____ Date (mm/dd/yyyy): _____

JUDGE'S FINDING IF DIFFERENT FROM ABOVE:

COMPENSATION: \$ _____

BASIS FOR JUDGE'S FINDING: _____

ADMINISTRATIVE JUDGE

DATE